

Work Order ID 106409

August-29-13 1:39:37 PM

\*106409\*

Page 1

Item ID: 646.9701

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Cutter Sub Assembly

Stop

\*NS2\*

Start Date: 8/29/13 Start Qty: 8.00 6

\*8\*

Cust Item ID:

Required Date: 8/29/13 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals: Process Plan: MUS

Date: 13-08-30 Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
646.9700	B

110 Pick Kit 0.00

\*110\*

Packaging

Packaging

DAS 05 8-8 13-11-20

120 0.00

\*120\*

Small Fab

Small Fab

Memo 0.00

Assemble as per dwg and apply loctite 598 on all faying surfaces per note .

DAS 05 2-8 13-11-21

130 QC5- Inspect part completeness to step on W/O 0.00

\*130\*

QC

Quality Control

Memo 0.00

DJ 13-11-21

NCR: Yes / No

## **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: Date:

OA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS																									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>																							
Part No. _____																															
NCR No. _____																															
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																						
Doc/Data																															
Equip/Tooling																															
Operator																															
Material																															
Setup																															
Other																															
Process																															
Supplier																															
Training																															
Unapproved																															
FAULT CATEGORY																															
Landing Gear				General																											
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<table border="0"> <tr><td><input type="checkbox"/> Bend</td><td><input type="checkbox"/> Grain</td></tr> <tr><td><input type="checkbox"/> BOM/Route</td><td><input type="checkbox"/> Hardware</td></tr> <tr><td><input type="checkbox"/> Broken/Damaged</td><td><input type="checkbox"/> Inspection Incomplete</td></tr> <tr><td><input type="checkbox"/> Burrs</td><td><input type="checkbox"/> Instructions Incomplete/Unclear</td></tr> <tr><td><input type="checkbox"/> Contamination</td><td><input type="checkbox"/> Maintenance</td></tr> <tr><td><input type="checkbox"/> Countersink</td><td><input type="checkbox"/> Mislabeled</td></tr> <tr><td><input type="checkbox"/> Cut Too Short</td><td><input type="checkbox"/> Misread</td></tr> <tr><td><input type="checkbox"/> Drill Holes</td><td><input type="checkbox"/> Offset</td></tr> <tr><td><input type="checkbox"/> Drawing</td><td><input type="checkbox"/> Out of Calibration</td></tr> <tr><td><input type="checkbox"/> Finish</td><td><input type="checkbox"/> Out of Sequence</td></tr> <tr><td><input type="checkbox"/> Folio</td><td><input type="checkbox"/> Outside Dimensions</td></tr> </table>						<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
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<input type="checkbox"/> Other																															

**Work Order ID 106409**

**\*106409\***

Page 2

August-29-13 1:39:37 PM

Item ID: 646.9701

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Cutter Sub Assembly

Start Date: 8/29/13 Start Qty: 8.00

**\*8\***

Cust Item ID:

Required Date: 8/29/13 Req'd Qty: 8.00

**\*8\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

140

Identify as per dwg & Stock Location: composites 0.00  
(finishing)

**\*140\***

Packaging

Packaging

150

QC21- Final Inspection - Work Order Release 0.00

**\*150\***

QC

Quality Control

Memo 0.00

Memo 0.00

6

DAS  
06  
3-11-21

13/11/21

13-11-21

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other	

# Picklist Print

August-29-13 1:39:35 PM

Page 1

**Work Order ID:** 106409      **Parent Item:** 646.9701      **Start Date:** 8/29/13      **Required Date:** 8/29/13  
**Parent Item Name:** Cutter Sub Assembly      **Start Qty:** 8.00      **Required Qty:** 8.00

**Comments:** IPP REV:A 12.08.13 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
646.9710 Body		Manufactured	No			110	Each	90.0000		1	8	W/W	13-11-20
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				91439
				MF			70						
				94495			8						
				98917			11						
				98918			51						
				ST139			20						
				91439			20						
646.9711 Blade		Manufactured	No			110	Each	175.0000		2	16	W/W	13-11-20
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				MF			77						
				98911			77						
				ST437			1						
				91807			1						
				st543			97						
				100268			97						
MS21042L08 Nut		Purchased	No			110	Each	3,062.0000		6	48	W/W	13-11-20
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				127304
				ST315			1062						
				122141			3						
				122452			9						
				122814			500						
				123900			550						
				ST505			2000						
				125445			2000						

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Other	

# Picklist Print

August-29-13 1:39:36 PM

Page 2

Work Order ID: 106409

Parent Item: 646.9701

Parent Item Name: Cutter Sub Assembly

Start Date: 8/29/13

Required Date: 8/29/13

Start Qty: 8.00

Required Qty: 8.00

MS27039-08-19

Purchased

No

110

Each

2,162.0000

6

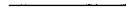
48

 13.11.20

Screw

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
-----------------	----------------	-----------------

ST307	89	
-------	----	---

123525	89	
--------	----	---

ST308	40	
-------	----	---

m126474 	40	
--	----	---

ST309	833	
-------	-----	---

125654 	833	
---	-----	---

st510	1200	
-------	------	---

124309	1200	
--------	------	---

NAS1149FN832P

Purchased

No

110

Each

15,354.000

12

96

 13.11.20

Washer

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
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ST294	5378	
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123522	400	
--------	-----	---

123900	4978	
--------	------	---

ST510a	9976	
--------	------	---

125268	9976	
--------	------	---

NCR: Yes / No

## **WORK ORDER NON-COMPLIANCE / UPDATE**

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	Grain			Ovalized	Pressure/Forced		
Centre Not Concentric to O/S				BOM/Route	Hardware			Over/Under tolerance	Temperature/Cure		
Cracks				Broken/Damaged	Inspection Incomplete			Part Incorrect	Weld		
Crushed/Crimped				Burrs	Instructions Incomplete/Unclear			Part Lost/Missing	Wrong Stock Pulled		
Cuffs				Contamination	Maintenance			Part Moved			
Heat Treat				Countersink	Mislabeled			Positioned Wrong			
Inspection Strip in Tube				Cut Too Short	Misread			Power Loss/Surge			
Ripples in Bend				Drill Holes	Offset						
Torque Waves in Extrusion				Drawing	Out of Calibration						
Turning Sequence				Finish	Out of Sequence						
Wave/Twist in Tube				Folio	Outside Dimensions						

**APICAL**  
INDUSTRIES, INC.

## ENGINEERING CHANGE NOTICE NO. 04039

SHEET 1 OF 1

DWG NO. 646.9700

REV: B

PREPARED  
BY

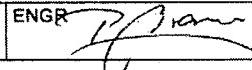
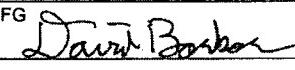
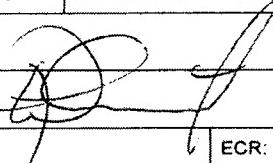
D. PETERS

DATE: 08/09/13

EFFECT ON DWG  
 INC.  UNINC.

DWG TITLE: CUTTER SUB ASSY

APPROVED BY:

MFG QC 

EFF: NEXT ORDER

## TRANSACTION CODES (TC):

A-ADD C-CREATE  
R-REVISE D-DELETE

REASON: MARKED INSPECTION DIMENSIONS

ECR: NONE

106409 MC5  
13-08-30

DOCUMENTS EFFECTED:

 RFMS  MDL  INSTALL INSTRUC ICA  BOMCHANGE CATEGORY  
 MAJOR  MINORDER REVIEW REQUIRED  
 YES  NO



106409

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2

3

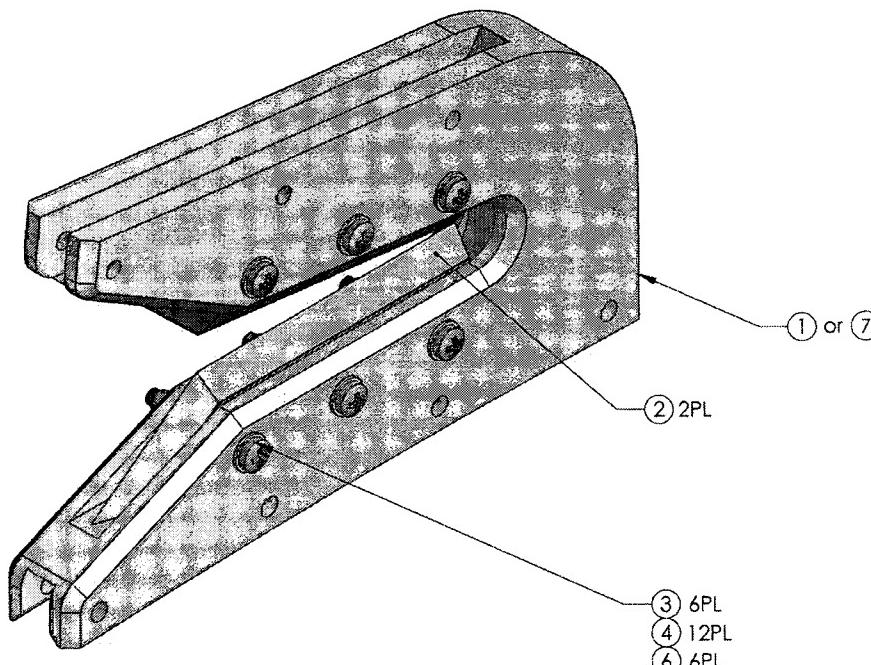
4

5

6

7

8



646.9701  
OR  
646.9702

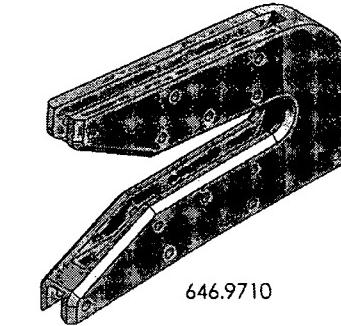
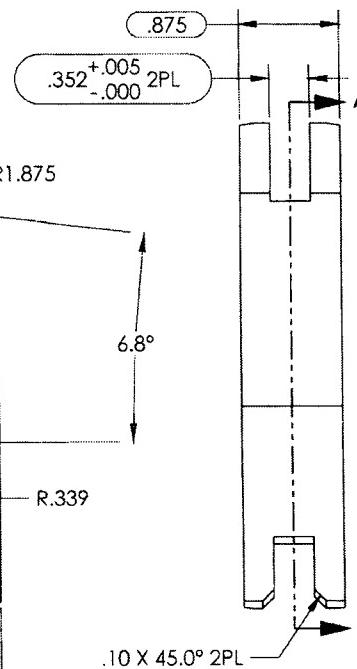
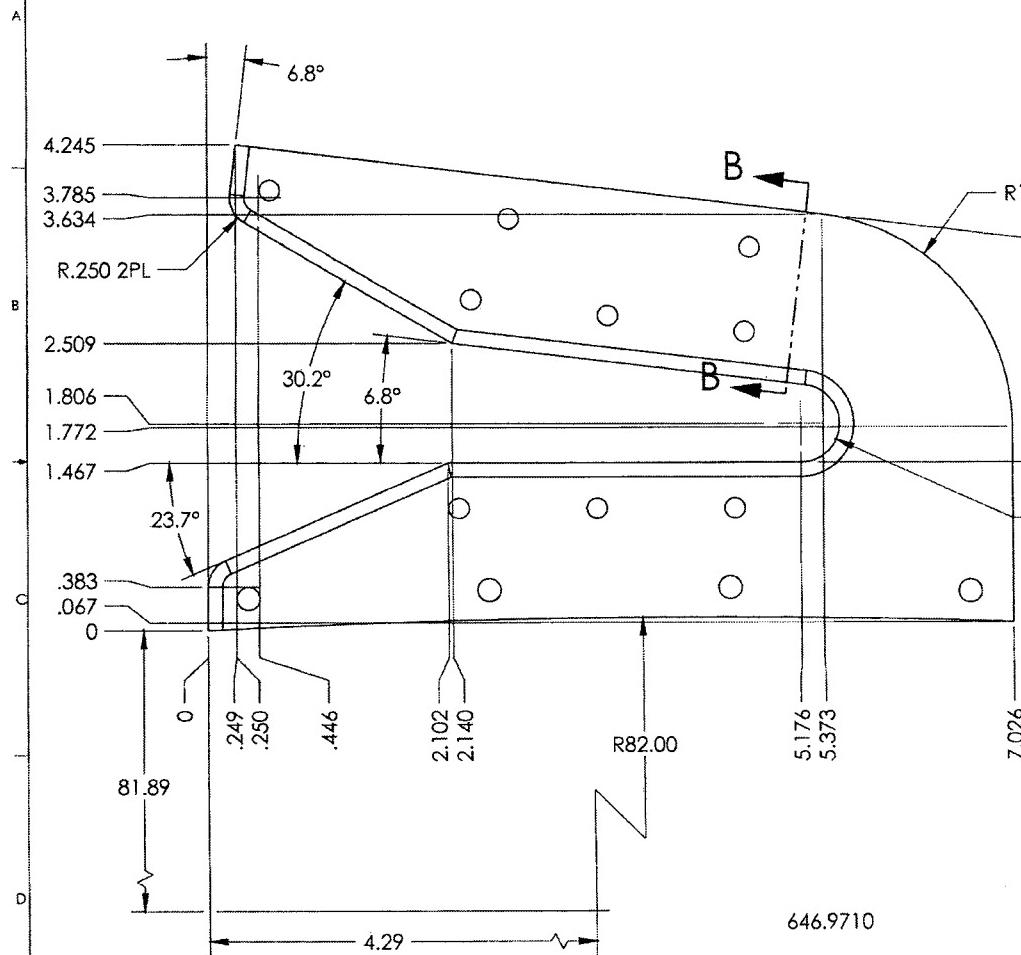
## NOTES:

- ⚠ MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12
- ⚠ FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; PRETREAT PRC-DESO TO PR-148 ADHESION PROMOTER; PRIME IAW MIL-P-2337J TYPE I CLASS N; 1-2 MIL MAX
- ⚠ MATERIAL: AISI A2 TOOL STEEL  
CONDITION: ANNEALED  
POST PROCESS: HEAT TREAT TO 58-62 RC ROCKWELL HARDNESS
- ⚠ FINISH: PRIME IAW MIL-P-2337J TYPE I CLASS N; 1-2 MIL MAX
- 5. DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED
- 6. IDENTIFY IAW MPP-120
- ⚠ APPLY F/N 5 AS REQUIRED TO ALL FAYING SURFACES OF F/N 2 UPON ASSEMBLY
- ⚠ CUTTING EDGE INTENDED TO BE SHARP. DO NOT BREAK SHARP EDGE
- ⚠ ALL DIMENSIONS NOT SPECIFIED ARE CONTROLLED BY 646.9710.

QTY	REF ID	FIND #	PART #	DESCRIPTION		MATERIAL	SPEC.
				1	7		
				646.9712	BODY (U CHANNEL)	MS21042108	AA
6	6	6	601.1541	LOCKNUT			
A/R	A/R	5	601.2764	RTV LOCTITE 598			
12	12	4	601.2764	WASHER	MS114RFH037P		
6	6	3	601.2765	SCREW	MS2103P0319		
2	2	2	646.9711	BLADE	AA	AA	
1	1	1	646.971C	BODY	AA	AA	
			646.9702	CUTTER SUB ASSY (U CHANNEL)			
			646.9701	CUTTER SUB ASSY			
PARTS LIST				APICAL INDUSTRIES			
NEXT ASSY [S]				2408 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300			
DRAFTING DATE 05/29/09 DRAWING BY P. BRAVO DRAWING APPROVED P. BRAVO CHECKED CONTRACT NO.				CUTTER SUB ASSY			
UNLESS OTHERWISE SPECIFIED DIMENSIONS IN INCHES TOLERANCES ARE +.005/-0.000 .015 MAX. PECIMAX +.000 .005 MAX. ANCIS +.000				DATE: 07/12/09 ENG. NO: 646.9700 REV: C SCALE: NONE SHEET: 1 OF 6			

106409

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DRAWN BY P. BRAVO	APICAL INDUSTRIES 2609 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
CUTTER SUB ASSY	
SCALE: NONE	REV: C

SCALE: NONE      REV: C

DATE: 05-29-09

DRAWN BY  
P. BRAVO

DESIGNED BY  
P. BRAVO

CONTRACT NO.

UNLESS OTHERWISE SPECIFIED  
DIMENSIONS ARE IN INCHES  
TOLERANCES ARE  
.004 EACH EXCEPT AS STATED  
.002 EACH EXCEPT AS STATED  
ANGLES 1°

BU: 07M6

DNC: NO

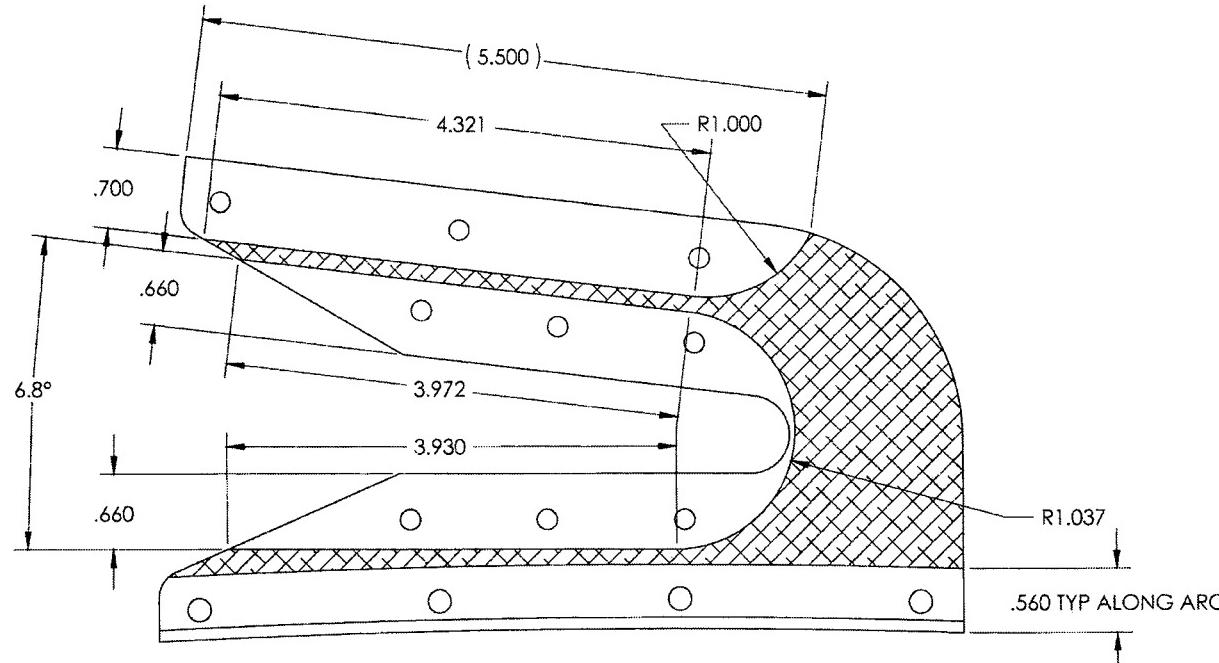
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SHEET 2 OF 6

106409

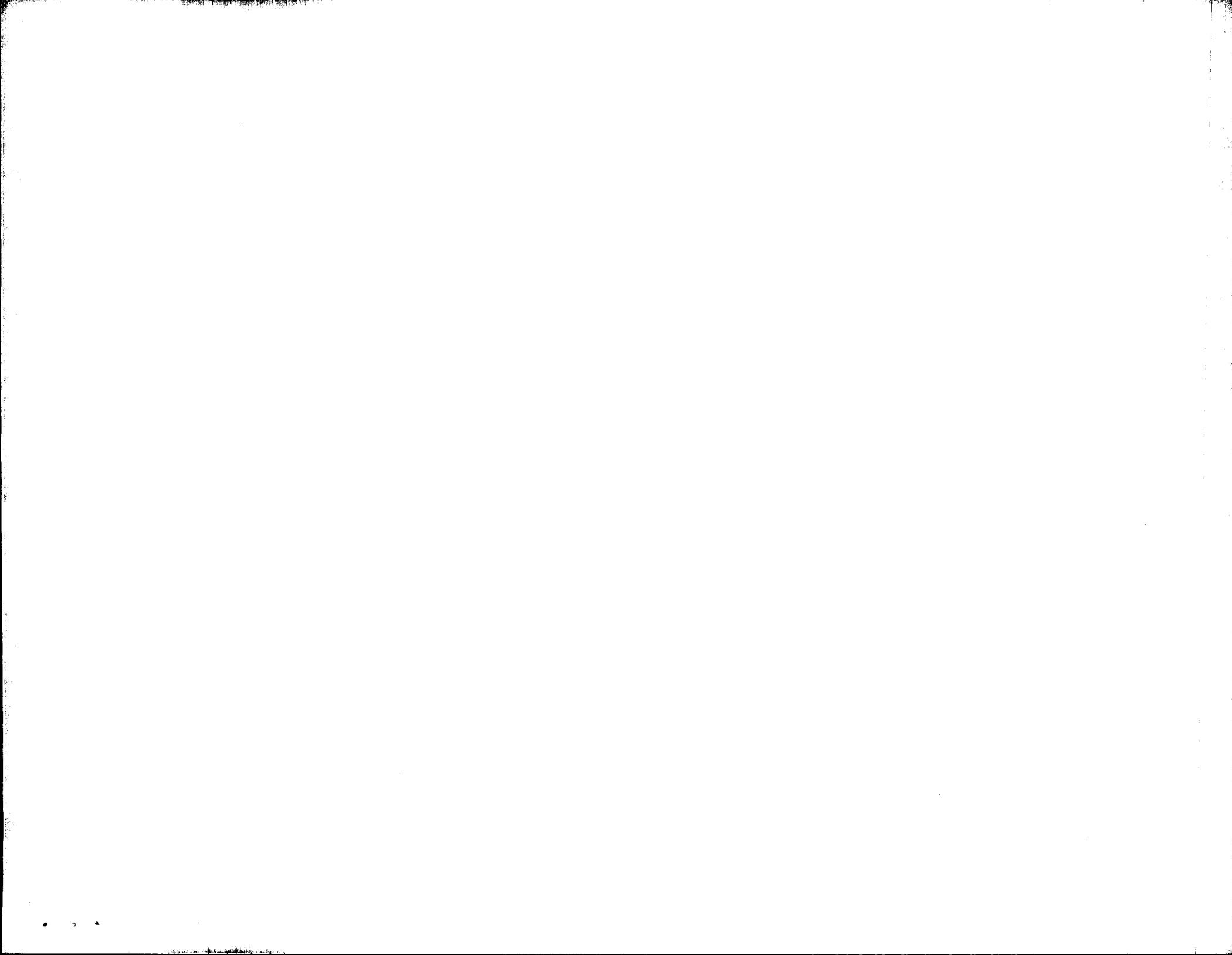
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SECTION A-A <sup>2</sup>  
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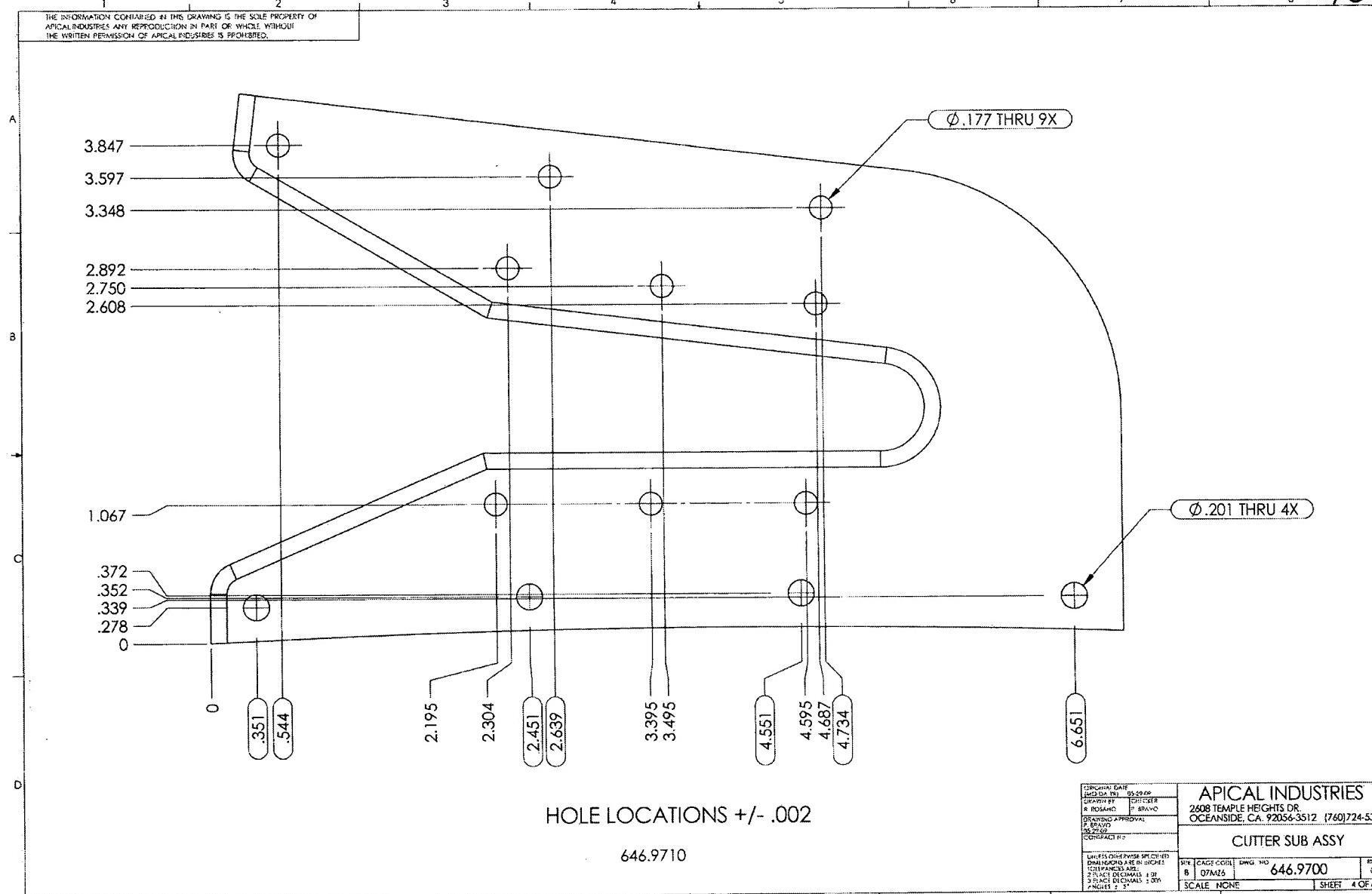
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ORIGINAL DATE PAC-DAT-01 05-29-07	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVAL P. BRAVO DRAFTED BY CONTRACT NO.	CUTTER SUB ASSY
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE STAGE 1: .005 ± .001 STAGE 2: .005 ± .001 STAGE 3: .005 ± .001 ANGLES ± 3°	REV. CAGE CODE DWG. NO. 646.9700 PIV. C B 07426 SHEET 3 OF 6
	SCALE NONE



106409

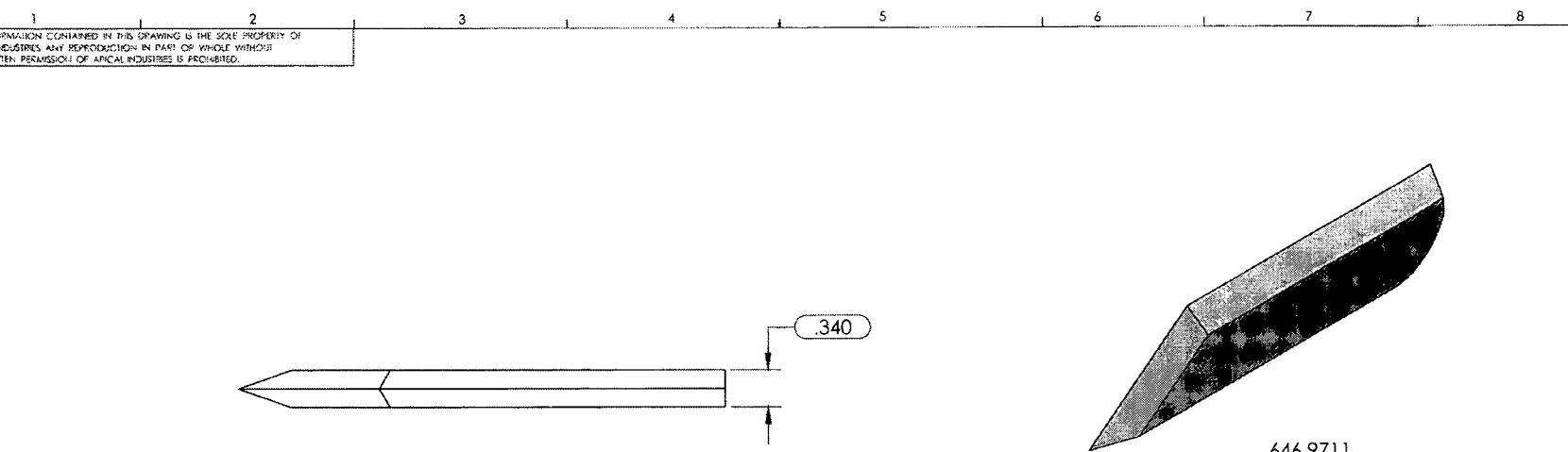
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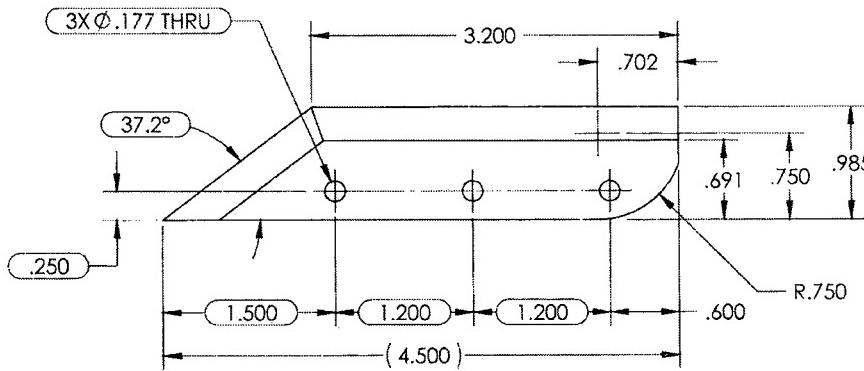
ORIGINAL DATE (M/D/YR) 03-29-02	APICAL INDUSTRIES
DESIGNER R. ROACH	SPONSOR P. BRAVO
DRAWING APPROVAL P. BRAVO	REVISION NO. C
CONTRACT #:	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES	
1. IMPACT ALLOWANCE: .010	
2. PLACE DECIMALS 3 DMS	
ANGLES 2 3'	
3. CAGE CODE B 0742A	REV. C
4. DRAWING NO. 646.9700	
5. SCALE NONE	SHEET 4 OF 6

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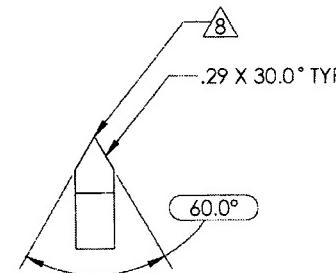
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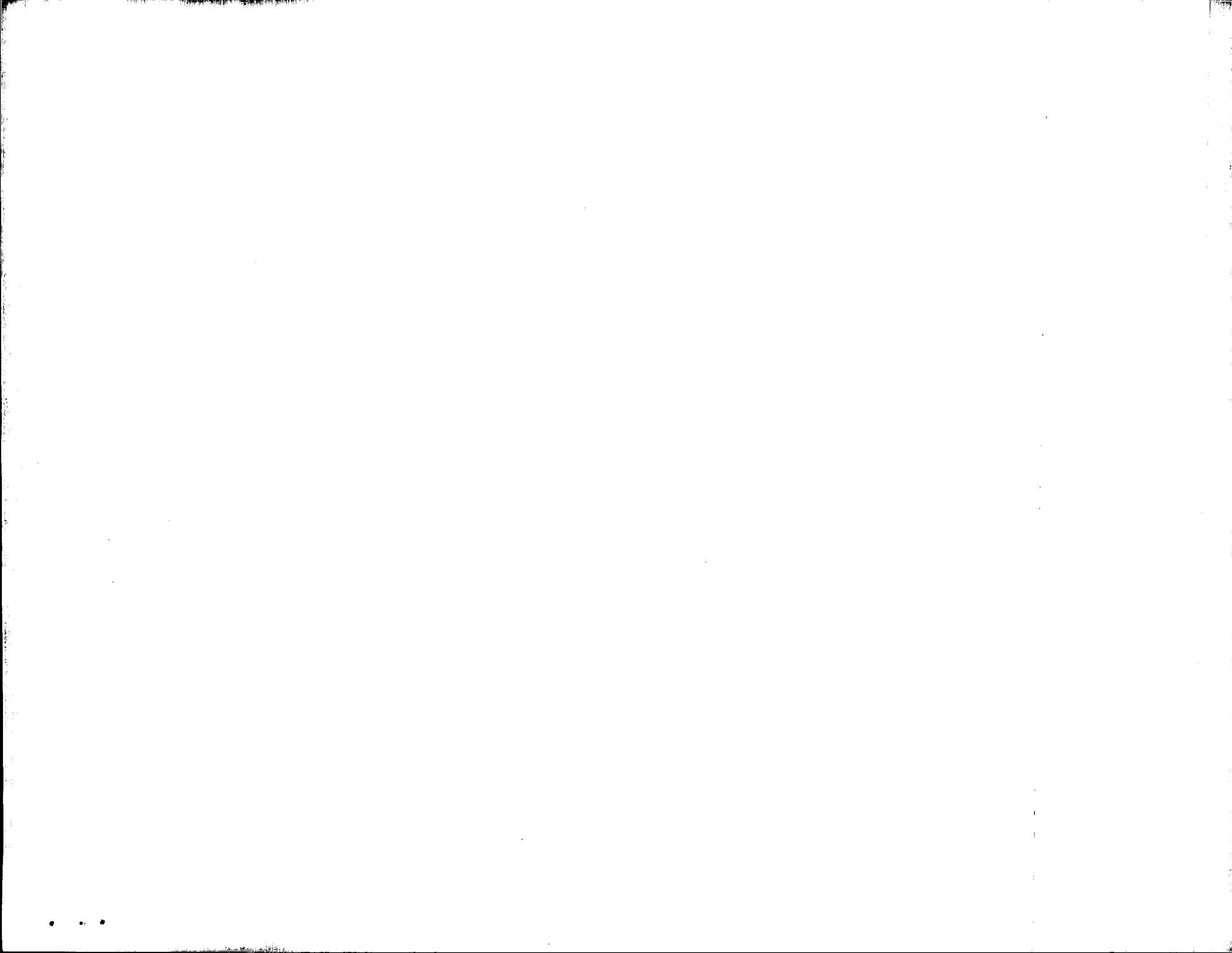
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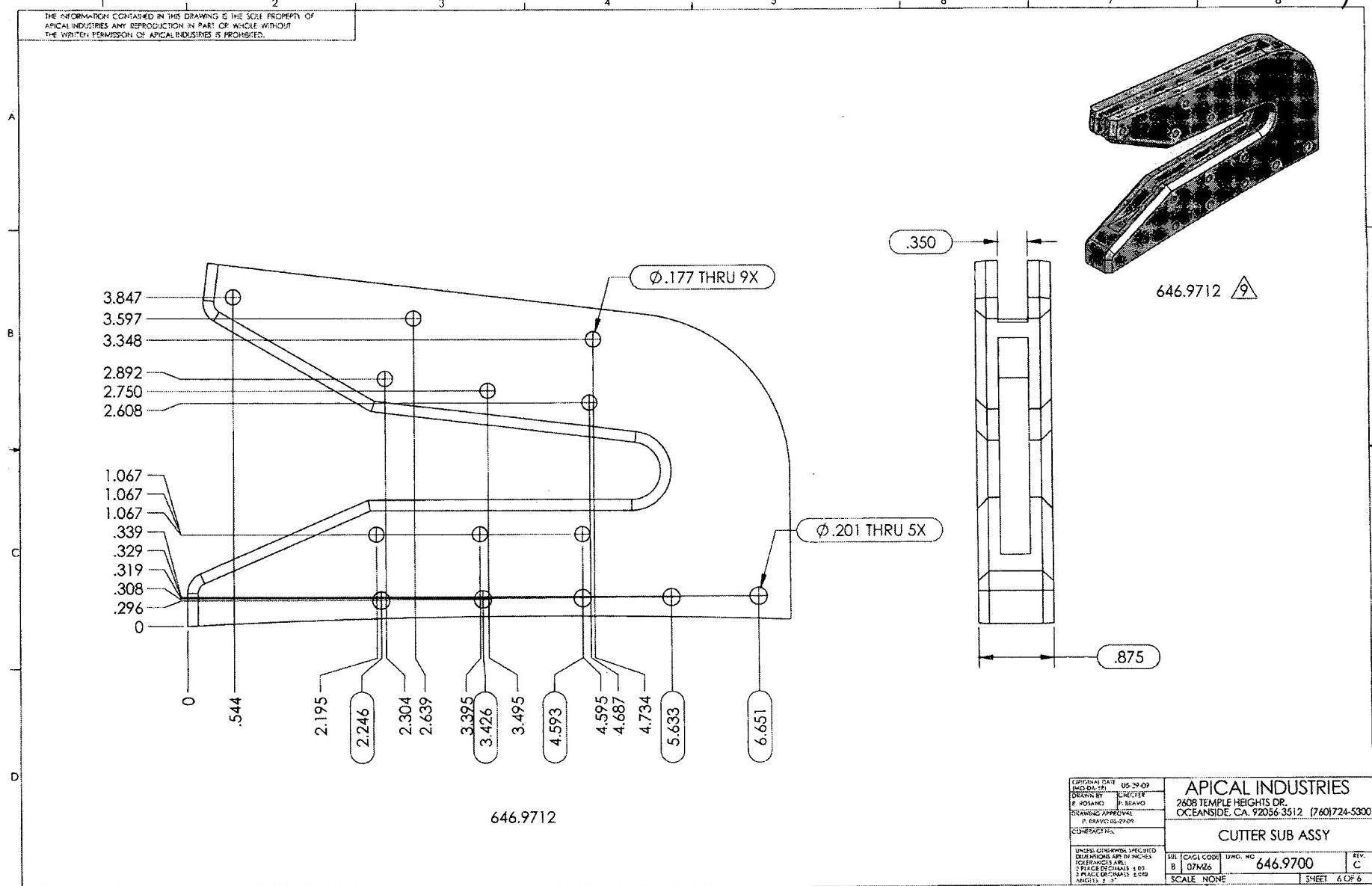


ORIGINAL DATE 020 CH-03 05-22-08	APICAL INDUSTRIES
DRAWN BY P. HARRIS	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
REVISED BY P. HARRIS	CUTTER SUB ASSY
TECHNICAL APPROVAL P. HARRIS	REV. C
DATE ISSUED 05-22-08	SCALE NONE
UNLESS OTHERWISE SPECIFIED DRAWINGS ARE IN INCHES TOLERANCES ARE SPLACES 0.005 MAX SPLACES 0.005 MIN ANGLES ± 5°	REF. NO. R-07466 DRAW. NO. 646.9700 SHEET 5 OF 6



106105

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ORIGINAL DATE (M/D/Y-H) 05-19-09	APICAL INDUSTRIES
DRAWN BY F. ROSEN	2608 TEMPLE HEIGHTS DR. OCEANSIDE CA. 92056-3512 (760)724-5300
REVIEWED BY P. BRAVOLIS-2905	
COMPT'D BY	CUTTER SUB ASSY
UNLESS OTHERWISE SPECIFIED DRAWINGS ARE IN INCHES TOLERANCES ARE 3 PLACES FOR MAINS & C.R. ANGLES ± 3°	REV. C SHEET 6 OF 6
STL. CAD/CODE Dwg. No B 07426	646.9700
SCALE NONE	

